Symptom Laundering…

Dirty deeds. Done dirt cheap.

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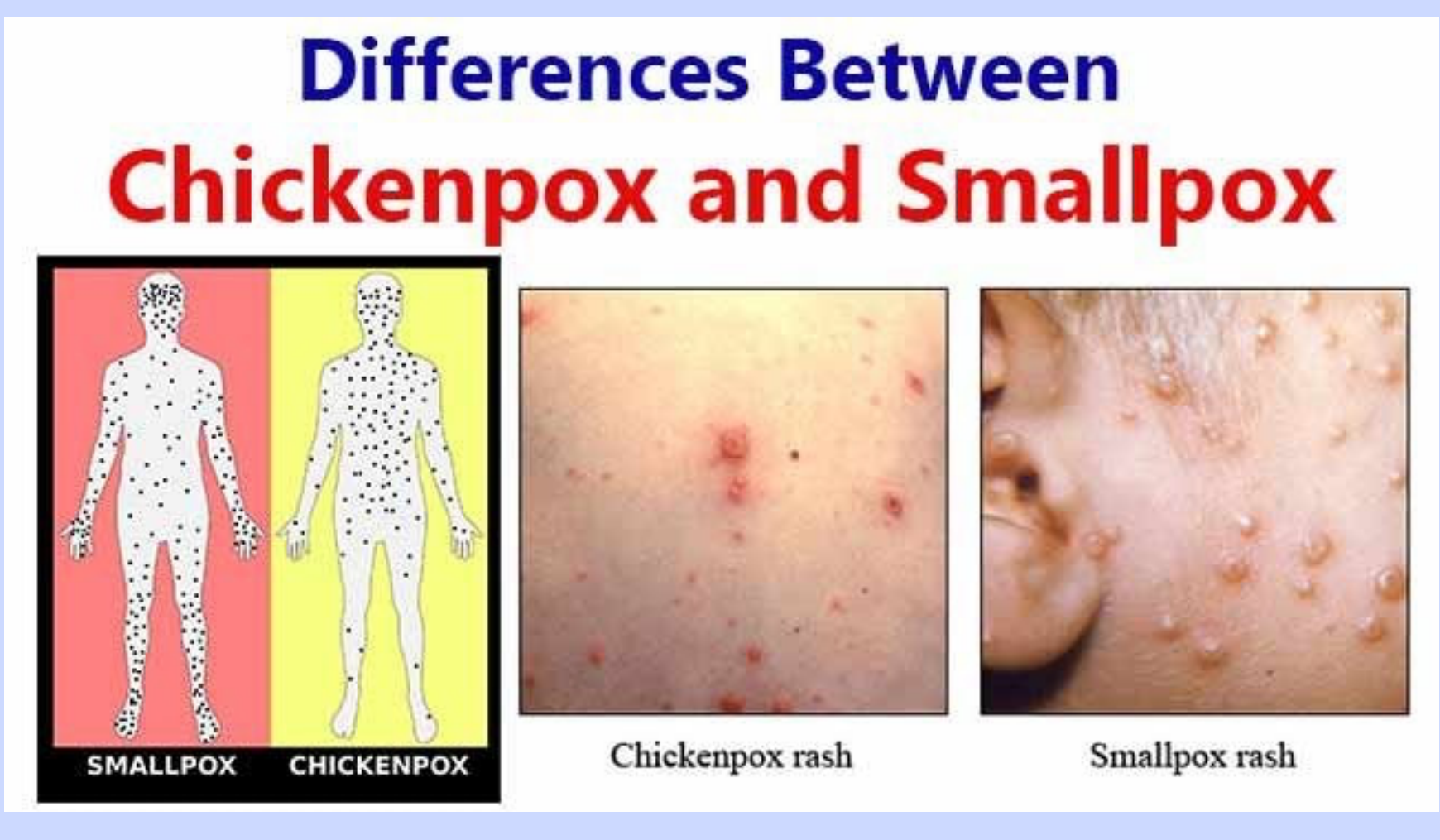
As time progresses, it will become impossible to hide the adverse events, both acute and delayed, induced by the COVID-19 injectable products. They are just too prolific. I say this with a lot of confidence. There are 14,330 different MedDRA codes reported in VAERS as of June 24, 2022 in the context of the COVID-19 injectable products reflective of the number of adverse event report types. A very commonly reported adverse event to VAERS is shingles or herpes zoster.

What I am also confident about is the clever planning being done in the background on behalf of WHO? (pardon the potential pun) to ensure that their injection program is not interrupted.

Let's discuss an example of how symptoms could be laundered. Below is a side-by-side photo of what a smallpox (Variola virus (Pox Virus)) and a chicken pox (Varicella Zoster Virus (Herpes Virus)) outbreak might look like. Notice the distribution patterns of the pock marks in the schematic on the left. How many people know that this is a distinguishing feature of these very different infections? I would bet, not many. By the way, Smallpox was eradicated. If it comes back, it was brought back.



https://microbiologyinfo.com/differences-between-chickenpox-and-smallpox/

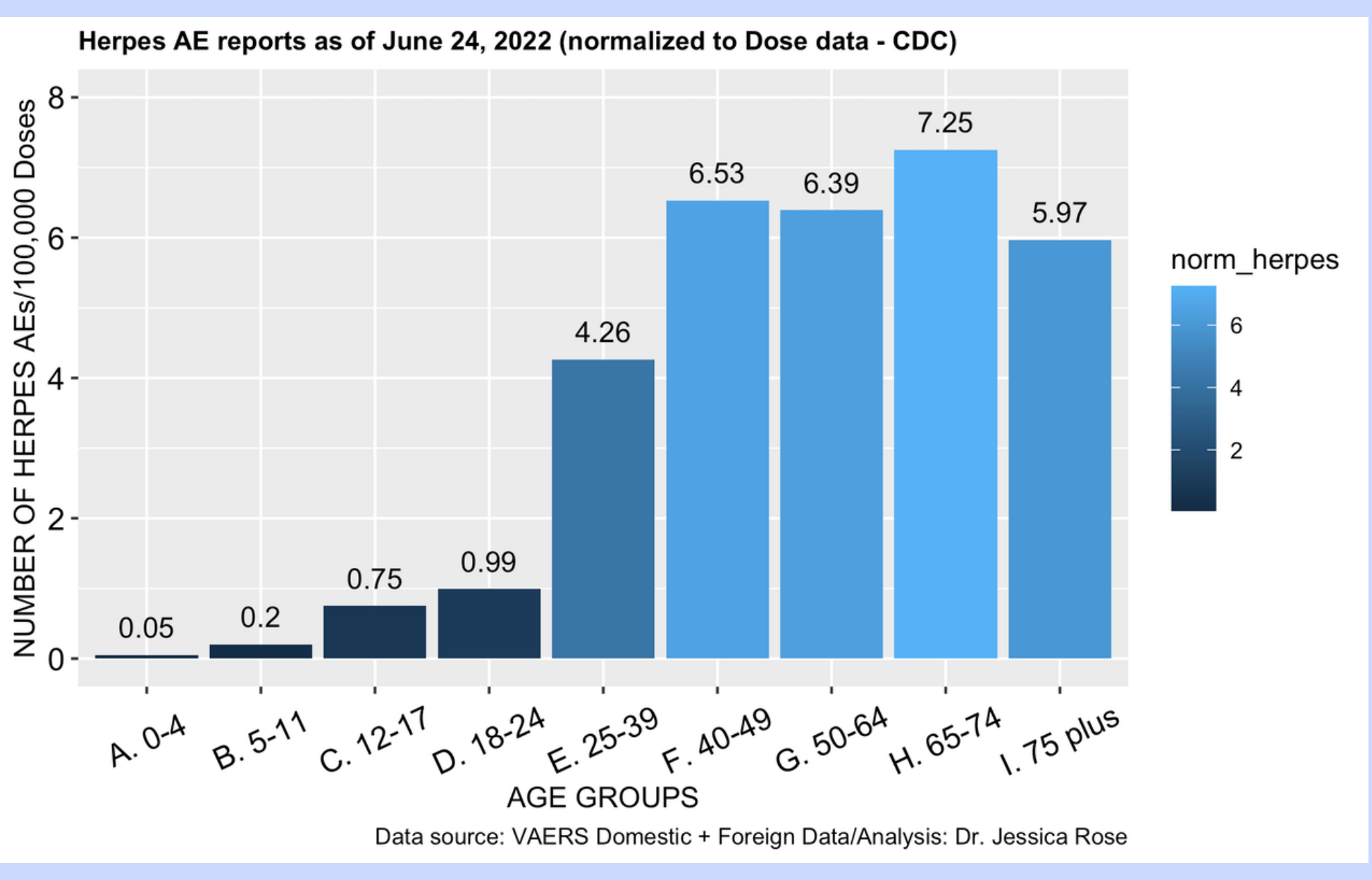
And what of monkeypox? How many people could really discern between a shingles outbreak (varicella-zoster virus reactivation) and a monkeypox rash? By the way, as I will detail below, varicella-zoster virus (herpes zoster) reactivation is very commonly associated with the COVID-19 shots. Generally, people tend to think of rashes as 'rashes' and don't even let their mind go to viral injection let alone let their mind go to *which* virus is the causative agent. Without qualified and experienced professionals and proper lab testing, it would be almost impossible to discern between many rashes. Blistering, scabbing, duration, location, incubation period, exposures, age… it all matters with regard to diagnosis. And the differential diagnosis list is a long one, for rashes.

Could you diagnose your child with impetigo if they developed a rash such as the one on the left in the above photo? Or would you be slightly more inclined to assume it's M-pox because these very strange people at the WHO decided to make M-pox popular all of a sudden and to repeatedly use words like 'outbreak' and 'smallpox', as par for the fear-mongering course that has become human existence?

Many people have probably not even heard of impetigo, so I would bet that most minds would go to M-pox since the 'suggestions' by the WHO are everywhere nowadays.

But this is precisely where the danger lies. I realize that it is almost impossible for an average parent to discern between say, a shingles rash and monkey pox pustules, but here's the thing: M-pox is RARE and does not spread easily between humans. You would need to get real intimate-like with them puss-filled sores. It's not M-pox.

What you should really ask yourself is: if and thus, *when,* was your child injected with a COVID-19 product. I am being serious. Shingles rates are through the statistical roof and unlike M-pox, the herpes virus that leads to shingles is highly contagious. Below are the VAERS reports of herpes and shingles stratified by CDC age group and normalized to Dose 1 data. Herpes, herpes bo-berpes banana-phana pho pherpes.



Herpes varicella zoster virus (shingles) reports filed to VAERS as of June 24, 2022 for Domestic and Foreign data normalized to CDC Dose 1 data (the number of people who received at least 1 dose).

On a side nerdy note, I found something interesting in my VAERS query for shingles. Out of 12,554 reports for shingles, not a single one was recorded by MedDRA code. Every one of these reports were buried in the SYMPTOM_TEXT column. I did some more sleuthing and found another strange thing (to me anyway), and that is that there is no Preferred Term (PT) MedDRA code for 'Shingles' - only 'Herpes zoster'. This is about the first time I have ever seen a non-thoroughness of names with regard to coverage in MedDRA coding. For example, there are at least 20 MedDRA codes (that I am aware of) for 'abortion' in VAERS in the context of the COVID-19 injectable products → from "Abortion" to "Post abortion hemorrhage". So why, since 'Shingles' actually *is* the preferred term (the one used in VAERS in the SYMPTOM columns), is it not a MedDRA coded PT? I find this odd. In any case, because I am just as sneaky as anyone else, I query the SYMPTOM_TEXT column as well. And found 12,554 reports of shingles.

The reason I think parents need not inject their children with these COVID-19 shots is because COVID-19 is not problematic for them. First of all. If you already have injected your child, then be aware of adverse events and report them to VAERS if you note them. Adverse events will not necessarily occur immediately after the shots, but they *will* be out of the ordinary for your child. If your child develops a rash, note its characteristics. Are there pustules? Raised? Diffuse? Location of body? No doubt, you should get that diagnosed by a trained professional (hard to find these days, I know), but you can most certainly assess what type of rash it is *not*.

I ended up focusing on children here because of the recent EUA pass on these shots to infants. Please parents, be on the look-out for adverse event occurrences and do not allow these adverse events to be laundered into some 'new' trendy viral outbreak. You know your babies and yourself better than anyone.

The bottom line is, you needn't be concerned, in my opinion, about M-pox or any other rare deadly virus that causes disgusting lesions.

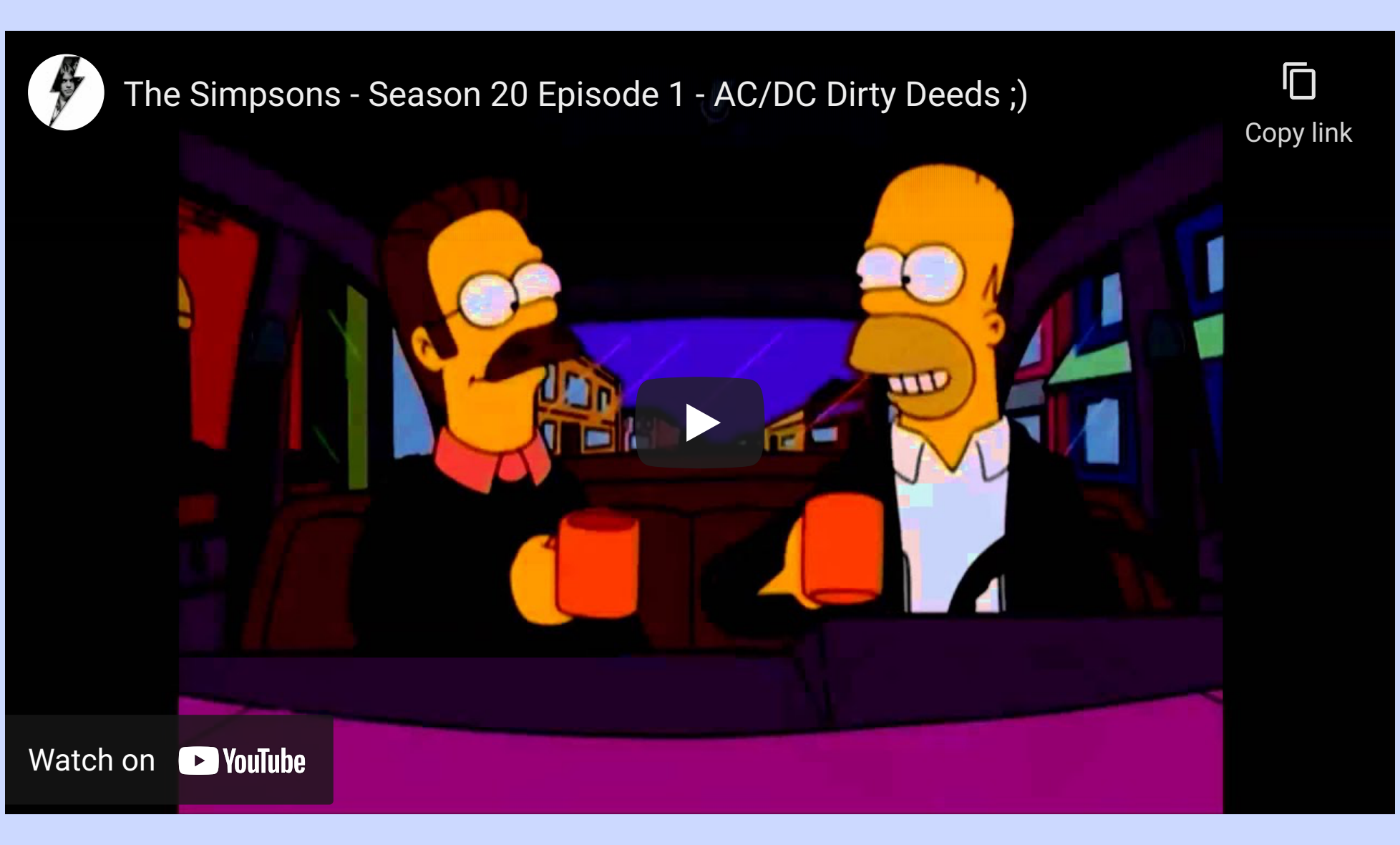
Here is what I would recommend for upcoming times:

1. let your child live COVID-19 shot-less
2. if you need a doctor in your life, SHOP AROUND
3. read a lot - it's your life and it matters what you do
4. be intelligently diligent and diligently intelligent about educating yourself
5. use your common sense
6. wash your damned hands with hot water and soap when you get home after being out
7. wash you hands before you eat
8. maintain those vitamin D levels at non-deficient levels (optimal = 30 to 100 ng/mL)[1]
9. get plenty of exercise
10. get plenty of sunshine (or light)
11. sleep, sleep, sleep
12. turn off the damned television
13. prescribe yourself at least 3 hours a day WITHOUT ANY DEVICES near you (and yes that includes your smart phone - you'll survive)

I have no idea if this Substack made any sense but I hope so, just like they hoped the shots would work.

Watch out for symptom laundering. It could be an adverse event.

Here's some Homer, well because I must. …Kindly deeds and they're done for free.



But we must finish with some brilliant Aussie Dirty Deeds.

1 https://www.questdiagnostics.com/healthcare-professionals/about-our-tests/endocrine-disorders/vitamin-d-numbers